FINANCIAL STATUS REPORT

(Long Form)



(Follow instructions on the back)

to Which Report is Submitted U.S. Election Assistance Commission	By Federal Agency			OMB Approval Page of No. 1 1	
3. Recipient Organization (Name and complete add Idaho Secretary of State, P.O. Box 8372	•)		pages	
Employer Identification Number				I	
4. Employer Identification Number 5. Recipient Account Num CDFA #39.011		per or identifying Number	6. Final Report ☐ Yes	7. Basis Cash Accrual	
From: (Month, Day, Year) 4/11/2003 Funding/Grant Period (See instructions) To: (Month, Day, Year)		9. Period Covered by this Report From: (Month, Day, Year) 1/1/2005		To: (Month, Day, Year) 12/31/2005	
10. Transactions:		I Previously Reported	I This Period	III Cumulative	
a. Total outlays		564,974.91	119,902.00	684,876.91	
b. Refunds, rebates, etc.			0.00	0.00	
c. Program income used in accordance with the deduction alternative			0.00	0.00	
d. Net outlays (Line a, less the sum of lines b and c)		564,974.91	119,902.00	684,876.91	
Recipient's share of net outlays, consisting of:					
e. Third party (in-kind) contributions f. Other Federal awards authorized to be used	to match this award			0.00	
g. Program income used in accordance with the	e matching or cost			0.00	
sharing alternative h. All other recipient outlays not shown on lines e, f or g				0.00 20 S 0.00	
i. Total recipient share of net outlays (Sum of lines e, f, g and h)		0.00	0.00		
j. Federal share of net outlays (line d less line					
k. Total unliquidated obligations	/	564,974.91	119,902.00	<u>े</u> हुँह84 876.91	
Recipient's share of unliquidated obligations				H 4:	
				47. 7.	
m. Federal share of unliquidated obligations					
n. Total Federal share (sum of lines j and m)				684,876.91	
Total Federal funds authorized for this funding period				5,528,005.00	
p. Unobligated balance of Federal funds (Line o minus line n)				4,843,128.09	
Program income, consisting of:	of the figure of the state of t				
Disbursed program income shown on lines c and/or g above Disbursed program income using the addition alternative					
s. Undisbursed program income					
t. Total program income realized (Sum of lines q, r and s)				0.00	
a. Type of Rate (Place "X" in a				0.00	
11. Indirect Provisional Expense b. Rate	c. Base	etermined d. Total Amount	Final e. F	☐ Fixed ederal Share	
12. Remarks: Attach any explanations deemed no	ecessary or information requ	uired by Federal sponsorin	g agency in compliance	with	
governing legislation. Interest for reporting period = \$196,669.					
13. Certification: I certify to the best of my know unliquidated obligations are fo	vledge and belief that this i	report is correct and com the award documents.	pplete and that all outla	ys and	
Typed or Printed Name and Title Tim Hurst, Chief Deputy, Idaho Secretary			Telephone (Area code, n 208-332-2852	umber and extension)	
Signature of Authorized Certifying Official			Date Report Submitted		
(Sunder IT with					

Previous Edition Usable / NSN 7540-01-012-4285

269-104

Standard Form 269 (Rev. 7-97)

Prescribed by OMB Circulars A-102 and A-110